

**REMARKS**

The Office Action of November 3, 2006, has been carefully considered.

Claims 5 to 8 have been rejected under 35 USC 103(a) over Edwards et al in view of Moorman et al. Claim 5 has now been amended in accordance with the embodiment shown in the drawings of the application to recite that the hollow needle is stiff as clearly disclosed in Figure 7 (paragraph [0041] of the application as published), and has a sharp-ended external face in a distal end portion for piercing the target tissue. A side opening and chute guide is made through the stiff hollow needle for guiding the antenna through the side opening, causing the antenna to exit laterally from the sharp-ended external face. The needle, having entered the target tissue, is constructed and arranged to rotate about and translate along its longitudinal axis so as to allow the antenna to cover a desired volume. The rotation and translation are shown clearly in Figure 8 and discussed in paragraph [0039] of the application as published.

Thus, according to the invention, by piercing the tissue (for example skin) only a single time with a needle, a large internal region can be covered by the antenna, by rotation and translation of the needle without extracting the needle from the tissue. This is a great advantage for the patient.

Edwards discloses a catheter for introduction of a needle, the catheter having a side opening at its distal end. However, the catheter does not have a pointed end for piercing tissue, as its function is to traverse the esophagus. There would be no reason to provide a pointed end in such a device.

As noted in the Office action, Edwards does not disclose that the application device is a hollow needle and Moorman et al has been cited for this purpose. However, in Moorman et al, the application device does not have a pointed end and is

used only as a guiding device. A separate biopsy needle must be used to pierce the tissue, and the biopsy needle is removed so that an ablation needle, a microwave antenna, can be introduced.

Applicants submit first that there would be no reason to replace the application device of Edwards with the hollow needle of Moorman et al, since the hollow needle of Moorman et al is not flexible and would not be suitable for the same purpose as Edwards, which is for introduction into an esophagus.

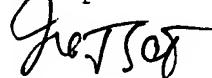
Moreover, once the ablation needle of Moorman et al has heated the anatomical region of the patient, it is necessary to completely remove the hollow guide from the tissue and pierce it again in order to treat an adjacent region.

It would not have been obvious for one of ordinary skill in the art, without knowledge of the claimed invention, to provide a stiff hollow needle with a pointed distal end and a side opening for introducing a microwave antenna into the tissue, and to treat thereby multiple regions by rotation and translation of the hollow needle.

Withdrawal of this rejection is accordingly requested.

In view of the foregoing amendments and remarks, Applicants submit that the present application is now in condition for allowance. An early allowance of the application with amended claims is earnestly solicited.

Respectfully submitted,



Ira J. Schultz  
Registration No. 28666